Health Information Technology Advisory Committee

Pharmacy Interoperability and Emerging Therapeutics Task Force 2023 Virtual Meeting

Meeting Notes | August 9, 2023, 10:30 AM – 12 PM ET

Executive Summary

The goal of the Pharmacy Interoperability and Emerging Therapeutics (PhIET) Task Force meeting on August 9 was to continue the discussion on recommendations for improvement of bidirectional messaging between pharmacy constituents and clinical providers. Guest speakers joined the meeting for a Q&A session on the challenges facing pharmacists with patient record information sharing and system limitations. A robust discussion followed the guest presentations.

Agenda

10:30 AM	Call to Order/Roll Call
10:35 AM	Opening Remarks
10:40 AM	Task 2a Recommendation Discussion
10:55 AM	Task 2b Introduction: Which Priority Pharmacy-Based Clinical Use Cases Should ONC Focus on in the Short-Term and Long-Term?
11:05 AM	Task 2b Guest Presentation
11:15 AM	Task 2 Discussion
11:50 AM	Public Comment
11:55 AM	Task Force Work Planning
12:00 PM	Adjourn

Call to Order

Wendy Noboa, Acting Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:31 AM.

Roll Call

Members in Attendance

Hans Buitendijk, Oracle Health, Co-Chair
Shelly Spiro, Pharmacy Health Information Technology Collaborative, Co-Chair
Pooja Babbrah, Point-of-Care Partners
Chris Blackley, Prescryptive
David Butler, Curatro, LLC
Steven Eichner, Texas Department of State Health Services
Rajesh Godavarthi, MCG Health, part of the Hearst Health Network
Jim Jirjis, HCA Healthcare
Summerpal (Summer) Kahlon, Rocket Health Care
Steven Lane, Health Gorilla

Deven McGraw, Invitae Corporation
Ketan Mehta, Micro Merchant Systems
Justin Neal, Noble Health Services
Eliel Oliveira, Dell Medical School, University of Texas at Austin
Naresh Sundar Rajan, CyncHealth
Scott Robertson, Bear Health Tech Consulting
Fillipe (Fil) Southerland, Yardi Systems, Inc.
Christian Tadrus, Community Pharmacy Owner
Sheryl Turney, Elevance Health
Afton Wagner, Walgreens

Members Not in Attendance

Shila Blend, North Dakota Health Information Network
Adi Gundlapalli, Centers for Disease Control and Prevention (CDC)
Meg Marshall, Department of Veterans Health Affairs
Anna McCollister, Individual
Alexis Synder, Individual

ONC Staff

Wendy Noboa, ONC
Tricia Lee Rolle, ONC

Key Points of Discussion

Opening Remarks

PhIET Task Force Co-Chairs, Hans Buitendijk and Shelly Spiro, welcomed the Task Force, reviewed the Meeting Agenda, and recapped the Charge. The PhIET Task Force members continued discussions on Task 2, focusing on Task 2a Recommendation Discussion and Task 2b Introduction: Which Priority Pharmacy-Based Clinical Use Cases Should ONC Focus on in the Short-Term and Long-Term?

Task 2a Recommendation Discussion & Task 2b Introduction: Which Priority Pharmacy-Based Clinical Uses Cases Should ONC Focus on in the Short-Term and Long-Term?

- Hans Buitendijk reviewed draft recommendations on the worksheet and reminded everyone that their recommendations need to be noted. He mentioned RESTful and direct API and asked if there were any gaps to fill.
    - Steven Lane noted that both RESTful FHIR queries and direct messaging are important, but it can be confusing to lump them together. He suggested putting them on different lines.
    - Pooja Babbrah agreed and added that education is also important. She also asked members of the NCPDP in attendance for more insight into their standards and API and asked to hear from some pharmacists about direct messaging.
- Afton Wagner said that pharmacists receive a lot of information, but it is not uniform. She added that

they need bidirectional exchange and uniformity in information exchange. She also agreed with Steven on separating the previous two issues into different lines.

- Hans asked if this area of communication and information exchange is the priority or would a better use of the task force's time be put to a different aspect.
- Pooja said it is a piecework that includes education and looking at what is available and what people are doing today.
- Steven said that it has been a struggle to make use of direct messaging. He added that as the task force considers TEFCA push messaging for communication, data sharing, and care coordination support, they should also consider what can be done right now with direct messaging.
- Hans asked if it would be more appropriate to change the two categories from restful API and direct messaging to querying and push messaging.
    - Steven agreed they should change the categories. He added that they should start by looking at various functionalities currently available and figuring out the most appropriate.
- Summer Kahlon said that the most important aspect to look at is scale and getting connections at an effective scale rather than standards. He added that there needs to be a focus on use cases and broadening the idea of TEFCA and direct messaging. He added a recommendation of more tightly defined standards around use cases to make universal implementation consistent and effective.
- Hans asked if there were any recommendations for ONC on how they can help scale it more effectively.
    - Summer answered querying vendors on what has been done and what is being done to get acquainted with what standards they are currently using and working to increase specificity in standards so that future implementation is more consistent.
    - Pooja agreed with Summer but raised concerns about the limit to public health. She asked how pharmacists can be more included and noted the importance of use cases but added that the focus should be more on value-based care for a broader reach.
- Christian Tadrus asked if it would be more prudent to include pharmacists in the existing connectivity infrastructure instead of defining and implementing new standards.
- Summer said the topics being discussed today are applicable to more branches of healthcare as places like mental health facilities and long-term care facilities also complain of not being well integrated. He used this fact as support for more defined standards and focused use cases as the path to building effective communications.
- Shelly Spiro said the problem is that pharmacists are not considered providers under the Social Security Act (SSA), and clinicians do not recognize them as such either. Clinicians wanted prescription dispensing data but did not what to share clinical data. She said there needs to be an understanding that pharmacists need to have access to clinical data to be part of the clinical care team for public health.

Task 2b Guest Presentation and Discussion

Shelly introduced the subject matter experts.

- Christian Tadrus, Task Force Member and Primary Care Pharmacist, gave a presentation on the challenges of no interoperability from the perspective of a rural-based clinic and small business. He detailed the services provided by the caretakers in his network of clinics. He discussed areas that impact those working in a community space that need to be addressed regarding interoperability. He highlighted the lack of clinical patient information and difficulty attaining it when needed. He discussed the negative impact of the lack of information sharing on the quality and safety of patient care.
- Jake Galdo, PharmD, MBA, BCPS, BCGP Managing Network Facilitator, CPESN Health Equity and CEO, Seguridad gave a presentation on Health Equity and Community Pharmacy Quality. He discussed the role a pharmacist plays as a care coordinator to provide whole patient care. He discussed health equity standards and introduced a new subgroup created within Work Group 20 that will further research health inequity information. He mentioned the National Quality Form (NQF) endorsement for quality measures as a basis for pharmacy quality standardization. He also noted the frequency with which medication dosing is incorrect due to the lack of pharmacy access to clinical information.

Discussion:

- Shelly asked Christian to explain further the current connectivity and staffing issues facing pharmacies.
    - Christian answered that staffing issues are widespread. He added that overall morale gets diminished with the clumsiness and time-consuming tasks needed to fight against the systemic issues of getting pertinent patient information. He said that there is not any qualified access to information even for pharmacy patients treated within other facilities.
- Hans addressed the comments in the chat regarding quality measures. He asked which areas should take measurement priority to further the interoperability issue.
    - Jake answered that pharmacy quality measurements should begin with structures like access to weight data. He added that safety needs to be optimized for complete quality care.
- Afton agreed and added that being able to share information is very important for pharmacists. She suggested looking at the capabilities given during COVID and using some of those standards already in place and building on those to improve interoperability.
- Steven Eichner said patients need to be included in the conversation on how and why information needs to be shared between providers. He added that there needs to be some research into how pharmacy interactions can be used as support for other specialty providers, i.e., mental health providers.
- Steven Lane asked what role USCDI+ has in this discussion. Is there an opportunity to extend to other specialties (veteran, dental, etc.)? He added that he is struck by the tension between equity and safety and urged holding on to safety as much as possible as standards begin to be set.
- Hans asked where, between NCPDP, USCDI, and HL7, can a community come together to begin working on this and how that can be made to happen.
    - Christian referred Hans to his chat comments.
    - Shelly added working on patient exchange information lists to Christian's answer in the chat.
    - Pooja said the focus should be on bringing people together to pilot some work around use case scenarios.

Task 2 Discussion

- Hans returned to the Task 2 discussion shifting focus to long-term and short-term opportunity use cases. He mentioned some capabilities already raised, like patient safety, and public health, as well as others in the chat. He asked what the task force thinks ONC can do to advance these capabilities and suggestions for where to focus.
    - Pooja said supporting value-based care and bringing pharmacies into the loop is a priority.
    - Afton said immunization status is also important.
- Hans asked Fil to share some of the thoughts he raised and how they fit into use cases.
- Fillipe Southerland noted that HL7, FHIR, and ONC coordinate well and asked if that level of coordination is the same between NCPDP and ONC.
    - Shelly said yes, there is, and mentioned Steve and Rick's presentation from the last task force meeting on July 27th.
    - Pooja added that there has been coordination between NCPDP and ONC.
    - Shelly added that most of the coordination has been around the SCRIPT standard though the pharmacist electronic care plan is also recognized.
- Steven Eichner said it is important to think about functionality and tracking what information is being disclosed as that is one of the limitations in the current EHR platforms. He added that a second aspect to consider is payment systems and how they fit into value-based care and data exchange.
- Hans asked if that is considered a use case or a fundamental capability within integrating pharmacists into the process.
    - Steven answered that it is more of a universal use case as opposed to a separate use case.
- Pooja asked for more information and clarification on TEFCA. She asked if it would address any of the concerns raised today.
- Hans said that TEFCA is focusing on treatment and, subsequently, on individual right of access for patients. TEFCA effectively addressed the issue of considering pharmacists as care providers by being able to connect to the current infrastructure.
- Christian reiterated that the struggle is the lack of provider status for pharmacists. He recommended that there be a cohesive acceptance of the pharmacist as a member of the healthcare team.
- Deven said that even though laboratories are considered providers under information blocking and are covered under HIPAA there is still hostility towards them as non-physicians. She suggested asking Shila about why pharmacy systems are not robust when she is next available for a meeting.

QUESTIONS AND COMMENTS RECEIVED DURING PUBLIC COMMENT

- Mary Kay Owens said the primary hurdle to pharmacist information access lies within the terms of use and contract obligations within the systems. She added that USDCI and TEFCA will not fix any of the information access issues if the terms of use and contract obligations are not addressed.

- Shelly agreed and added that there is still a problem with governance and hopes that TEFCA governance will fix the issues
- Mary Kay Owens said the primary hurdle to pharmacist information access lies within the terms of use and contract obligations within the systems. She added that USDCI and TEFCA will not fix any of the information access issues if the terms of use and contract obligations are not addressed.
- Shelly agreed and added that there is still a problem with governance and hopes that TEFCA governance will fix the issues.
- Pooja asked for clarification on the term “specialty” being used in the chat.
    - Fil answered that “specialty” is a general term used to encompass all aspects of care providers from pharmacies to long-term care providers.
    - Shelly explained how the term “specialty” is used by the ONC and pharmacists.
- Shelly referred to the spreadsheet and asked everyone to start filling in their recommendations and reiterated the importance of including pharmacists as healthcare providers.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

David Butler: Present, David Butler

Justin Neal: Justin here, sorry I'm a few minutes late

Richard Sage: I included information on how to use the NCPDP Standards via API on my presentation two weeks ago. Happy to share again...

Pooja Babbrah: Thanks for the reminder Rick

Steven Lane: Suggest re-phrasing the recommendation to focus on “push messaging” generically. The challenges of Direct messaging have not changed much over the years. We hope that TEFCA push messaging may provide a more robust/reliable push messaging solution in the future, and should be considered simultaneously.

Margaret Weiker: In the NCPDP November Meeting, NCPDP will be creating a task group to develop standard NCPDP APIs.

John Hill: NCPDP's Member Source ™ API solutions are available to support current industry standards; including NCPDP's SCRIPT Standard that is name in Federal Regulation, Real-Time Prescription Benefit Standard, Benefit Integration Standard and Specialized Standard

Pooja Babbrah: Thanks Margaret. Also - we just approved a task group to look at ADT notifications to pharmacists. This will be an exploratory task group which will be starting in a few weeks

Ketan Mehta: Agreed with Summerpal - use cases will really help understand the interpretation of the standards and the application use of those standards

Steven Eichner: Good morning! I have joined the call

Pooja Babbrah: agree with use cases, but I don't want to narrow to just public health use cases

John Hill: API Use Cases Developed by NCPDP include the following: SCRIPT Standard (New, Change, Cancel Rx, Medication History, ePA); RTBP Standard (Patient Coverage & Eligibility, Utilization Management and Alternatives); Benefit Integration Standard (Accumulator Data Deductibles, OOP Costs); Specialized Standard (LTC Census and Central Fill).

Pooja Babbrah: we need to think more broadly. How can pharmacists become part of the clinical care team for VBC

Fillipe Southerland: Agree Pooja re: VBC

Steven Eichner: Is there a benefit for a step-wise (incremental) approach?

Jim Jirjis: Wouldn't that be accomplished by profiles and implementation guides?..the detailed standards to reduce variation

Margaret Weiker: Beside querying pharmacy system vendors, large and medium sized chains develop their own system software. These companies would also need to be included in any query.

Kim Boyd: Yes to Pharmacist involved VBC and clinical data access use and exchange in support.

Kim Boyd: Yes to ADTs

Ketan Mehta: @john - the use cases that you listed - aren't they all supported by clearing houses like Surescripts, through which those message types are being communicated b/w EHR and the Pharmacy?

Ketan Mehta: The clinical information about care and engagement is surely a gap

Hans Buitendijk: @Jim: Question would be which use cases would benefit from that. Would a subset of FHIR US Core, as an example, be enough, or do we need more specific ones such as pharmacist eCare Plan.

Steven Eichner: There also needs to be consideration of audit/tracking of sharing/access so that the patient can understand who is accessing their data for what purpose(s).

Cathy Graeff: Agree with Christian. Pharmacists need connectivity first and access to clinical information on the patient

Kim Boyd: Agree with Christian

Pooja Babbrah: 100% agree Summerpal - Should we just treat pharmacists like any other provider or clinician? We don't treat other specialists differently

Steven Lane: Agree with Christian that we should not be designing bespoke data/workflows to enable and support pharmacists' treatment services. Rather pharmacists who provide care should have the same information exchange capabilities (and requirements/responsibilities) as any other provider.

Hans Buitendijk: Completely agreed, which then raises the question on how to enable adoption of already agreed to standards more widely with an appropriate authorization framework. Where should we focus first to start that ball rolling?

Jake Galdo: @hans - Pharmacy quality measures can help with adoption.

Pooja Babbrah: +1 steven

Cathy Graeff: During Covid, pharmacists needed access to patient info on liver function, etc. to prescribe Paxlovid. Very specific to patient clinical information regardless of what the PHE is

Kristol Chism: Agree with Christian and Cathy- Pharmacists need access to clinical information, including things like lab work, BP history, weight history, etc. VBC will rely on all of the healthcare team (including pharmacists!) rallying around the patient for wholistic care.

Hans Buitendijk: @Jake: Not disagreeing with (quality) measures helping encourage adoption, but what should we focus on being adopted first to see the needle move up?

Pooja Babbrah: Do we have anyone from PQA scheduled to talk about the pharmacy quality measures?

Pooja Babbrah: And if not, should we?

Afton Wagner: I think that would be a good idea @pooja

Jake Galdo: @Hans - I have that as part of my presentation. I hope to provides kindling!

Steven Lane: Would love to learn more about the SDOH screening done by pharmacists and how this data is captured and made available for sharing with other members of the individual's care team and network.

Jake Galdo: @Steven - also in my slides 🙂

Kristol Chism: @Steven- We just created a Health Equity task group within Work Group 20 at NCPDP last week during Work Group meetings. We will be researching and exploring what is currently available and how to help the industry standardize this to improve patient outcomes. Come join us!

Fillipe Southerland: @hans - re: getting the ball rolling and operationalizing our recommendations. I'd like to see ONC ramp up a specialty HIT framework that includes identifying specialty sector cohorts, measurement of certified uptake/adoption, identification and promotion of important specialty use cases and cert criteria that enable that, and progress reporting similar to what is happening in acute and ambulatory. This would expand upon the existing framework ONC developed for pediatric EHRs.

Pooja Babbrah: For those interested in joining the new task groups that we mentioned that were created around ADT and health equity - you can join the task groups without signing up to be an NCPDP member. here is the link to sign up: https://dms.ncpdp.org/index.php

Hans Buitendijk: @Fil: So kinda like a set of "certification packages" around a targeted USCDI/USCDI+ data set for defined settings/interoperability use case sets, but beyond the level of guidance that is done for Pediatric EHR, but more in the direction on how USCDI+ seems to be evolving?

Pooja Babbrah: Interesting Hans - didn't think about USCDI+

Pooja Babbrah: but that's a great point

Shelly Spiro: Pharmacy HIT Collaborative (PHIT) recently published Guidance Document for Clinical Documentation of Social Determinants of Health (SDOH) Data for Pharmacists https://pharmacyhit.org/wp-content/uploads/Guidance-Document-for-Clinical-Documentation-of-Social-Determinants-of-Health-SDOH-Data-for-Pharmacists-Final-Version-6.pdf

Steven Lane: Interoperability challenges definitely multiply as we progressively engage and integrate the needs of new exchange participants and purposes of exchange. Animals NEED prescriptions and our standards need to consider how to manage that data.

Pooja Babbrah: What is NQF?

Shelly Spiro: @Pooja National Quality Forum

Steven Lane: As we incorporate pharmacists, dentists, complementary care providers, EMS, etc. into nationwide interoperability, should we expect USCDI+ to address the needs of these new domains/participants, or will that remain focused on the needs of federal agencies?

Mary Kay Owens: Very much agree with Jake as pharmacy does not have the data to calculate and track how they are doing on health plan measures or the ability to engage in some VBC due to this limitation.

Hans Buitendijk: @SteveL: HL7 standards support animals as patients, and the rest is vocabulary driven.

Margaret Weiker: NCPDP recently published a white paper on Collecting and Exchanging SDOH in the pharmacy https://ncpdp.org/NCPDP/media/pdf/WhitePaper/CollectingExchangingSDOH

Fillipe Southerland: @hans - USCDI+ cert packages seem like a good vector to allow technical implementation without causing too much disruption to the existing core framework. @steven - Good question on USCDI+ roadmap.

Margaret Weiker: The NCPDP SCRIPT and Telecommunication Standards support prescriptions and claims for animals

Richard Sage: @shelly - great point about pharmacies that are serving patients across care that must operate on multiple systems to access information about their patients and submit information about the care that they are providing.

Shelly Spiro: @Rick Sage thank you for the comments it is a problem in the rural community and LTPAC settings

Sheryl Turney: NCPDP link returns an error

Margaret Weiker: Go to https://ncpdp.org/Resources.aspx and check the White Paper box and click on Search. The list of white papers will

Pooja Babbrah: I think the safety use case is a great one

Fillipe Southerland: One other point on the specialty framework is that ONC needs to include careful consideration on base EHR and reporting criteria to not inadvertently exclude specialty EHRs from base EHR cert as required by CMS to qualify for VBC models. It seems like there was some initial consideration given to this in HTI1, but it needs to be formalized.

Hans Buitendijk: @Fil: +1 (or +10 if allowed).

Jake Galdo: @Afton - one of our quality measures evaluates percent of patients with race and ethnicity - national average is 26%

Jake Galdo: @Steven - patients initially asked me why I needed their weight - and I said to ensure the dose is correct - the patient asked for a scale in the pharmacy

Afton Wagner: We needs to identify the gaps and how to fill them

Shelly Spiro: @Fil +2

Steven Lane: It makes perfect sense that treating pharmacists should have access not only to externally collected clinical data, but also real time biometrics and testing that is critical to safe treatment/prescribing.

Shelly Spiro: @StevenLane totally agree about access of clinical data to pharmacists

Kim Boyd: Equitable care really can only happen when data is accessible and fluidly exchanged between members of the health care team, including pharmacist. You cannot act on what you do not have.

Mary Kay Owens: USCDI does not mandate that NDC is reported and many of us sent comments as to that problem. Hopefully it will get mandated and included going forward. It is listed as optional even as of July 2023 in V4.

Christian Tadrus: Exchange of PGx, Lab, SDOH, Diagnosis and Care plans would be areas of great impact.

Mary Kay Owens: Agree as to all of these that Christian says are needed.

Kim Boyd: @christian +1

Jake Galdo: Thank you for having me.

Shelly Spiro: HL7/NCPDP Informative Document: Standardized Medication Profile, Release 1
https://www.hl7.org/implement/standards/product_brief.cfm?product_id=578

Pooja Babbrah: great presentations Jake and Christian - thank you!

Jake Galdo: We currently track/evaluate via our quality measures:

David Butler: I agree with Jake's comments about a pharmacist needing access to sufficient patient information to provide appropriate, applicable care. Here is one example of CMS-created subset of care regarding Adverse Drug Events - a pharmacist's domain and expertise, but for which a pharmacist cannot request pertinent labs or assessments no bill for any of the time spent on these actions: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/Adverse-Drug-Event-Trigger-Tool.pdf. When a drug is prescribed and the patient selects a pharmacy - and pharmacist - to send it to, a push notification to review the patient's chart and drug literature to check and bill for these issues. In addition, a pharmacist may need to request a lab to be checked or ask a patient about symptoms during a refill of this medication and should be able to bill for these services. ADEs account for 1.3 million ED visits and 350K hospitalizations annually.

Jake Galdo: 1. Weight in Children 2. Serum creatinine in adults 3. updated allergy status in all patients 4. medication indication 5. naloxone for opioid overdose risk 6. glucagon access for diabetes 7. race/ethnicity.

Christian Tadrus: Regarding the patient hesitancy to provide or allow access to their personal health data, that may be more related to payer influence of patients' choice of pharmacies. If patients can choose a pharmacy and stick with them rather than being moved based on of pocket cost to them on a nearly constant basis, the relationships that mimic healthcare may be allowed to evolve and patients likely will feel more comfortable with the concept of a pharmacist as part of the their healthcare team. Maybe ONC can assist with addressing the commodity mindset of consumers and support more stability in patient - pharmacy - pharmacist arrangements that support care models and long term outcomes.

Christian Tadrus: Agree with Jake.

Mary Kay Owens: Pharmacists not being able to request pharmacy claims data on the 12 month med history from PBMs and networks makes it is impossible to know the dosage/quantity dispensed etc and to calculate adherence and to perform test and treat as well as align and track plan quality metrics and to engage in VBC and even perform expanded scope of practice. USCDI data elements will not get us there.

Jake Galdo: All of the measures I mentioned are currently implemented within a clinically integrated network of community pharmacies and has the functionality for use case / research (we've done a few projects with University of Mississippi, Purdue University, etc)

Christian Tadrus: Point of Care Testing & Test to Treat both have Public Health and Emergency Use applicability.

Christian Tadrus: Immunization Query and Reporting

Richard Sage: @Shelly and @Pooja, both great points. We are making great progress with HL7 and would like to see this continue along with more targeted work with ONC on interoperability.

Cathy Graeff: RE Mary Key comment on pharmacy access to patient's claim history, HIEs also need to allow pharmacists access to medication history

Richard Sage: @Steven, great points on the financial challenges as retail pharmacists engage in VBC that cross over between medical and pharmacy benefits.

Mary Kay Owens: As to Cathy comment, currently HIEs are prevented from obtaining the Rx history in the contractual language on behalf of a pharmacy.

Pooja Babbrah: +1 Cathy - would TEFCA help in ensuring that any provider has access to data?

Christian Tadrus: Pharmacies that are clinically integrated across EINs have had success in facilitating data exchange and sharing of patient information.

Shelly Spiro: Pharmacist Services and Summaries - FHIR (PhCP)

1.0.0 - STU Release 1.0.0 for FHIR R4 http://www.hl7.org/fhir/us/phcp/

Jake Galdo: +1 Christian. Our CIN has access to years long data on patient care and currently, we are looking at medication persistence as a pharmacy measure.

Cathy Graeff: Some states legislate pharmacies must contribute data to state based HIEs. Do we know what states require data on dispensed medication from pharmacies and similarly do we know what states allow pharmacists access?

Steven Lane: @CathyG - Regional and national HIEs would seem great sources of historical data for pharmacists. While some of these can be accessed through the existing Carequality framework and will be accessible via TEFCA, many regional HIE/HIOs have not connected to the nationwide framework and therefore would need to be connected to directly.

Mary Kay Owens: As to answer Pooja - it is a prohibition in the contract provisions and terms of use. TEFCA does not necessarily fix this.

Steven Lane: Is there experience among pharmacists connecting to regional HIEs??

Mary Kay Owens: Yes, I can speak to Steven question.

Pooja Babbrah: Mary Kay - we will have public comment in a few minutes

Steven Lane: Thank you, Deven! We need to highlight this challenge re pharmacists and labs being treated with all the respect and openness as other providers.

Deven McGraw: Those contractual provisions should be considered to be a form of information blocking, IMO. They are not necessary under law. ONC should put out guidance on this - that could be one of our recommedations.

Fillipe Southerland: Based on the discussion about NCPDP ONC coordination, would propose any specialty framework also include identification and integration path of relevant specialty standards authorities.

Richard Sage: @MaryKay - great point on pharmacist denial of access. This is key to allowing pharmacist to perform the services necessary for their profession.

Deven McGraw: We don't have to rely on TEFCA - the info blocking rules apply regardless of whether an entity is or is not using TEFCA, which is a voluntary network.

Steven Lane: We should invite federal reps to come and discuss any conflicts between the Provider definition under the Social Security Act and the Cures Act Rule.

Steven Lane: This seems central to our deliberations.

Deven McGraw: I'd be happy to add this into the document as a potential recommendation (ONC guidance on information blocking and contractual provisions barring pharmacists from accessing & sharing data). I thought the Cures Act referred to the provider definition under the SSA, so I'm not aware of the conflict. Agree we should unpack that further.

Hans Buitendijk: @Deven: +1

Steven Lane: https://www.healthit.gov/sites/default/files/page2/2020-08/Health_Care_Provider_Definitions_v3.pdf

Pooja Babbrah: Thanks Fil and Shelly!

Christian Tadrus: May need some discussion on whether a pharmacy or a pharmacist is the proper "NPI" to gain to and use patient data. Ethics and even state laws on use of data apply differently to entities vs. professionals.

Steven Lane: Great meeting. Thank you to the co-chairs and presenters.

Mary Kay Owens: Just to clarify, it is not the physicians or hospitals that are preventing access to Rx claims history it is the pharmacy network administrators and PBMs and intermediaries who house this data.

Deven McGraw: Mary Kay, very helpful.

Steven Lane: Claims and dispense history information is difficult for physicians and other providers to obtain as well. Big pay walls and siloing of data problems.

Steven Lane: The holders of that data are not Information Blocking Actors.

Pooja Babbrah: Great meeting! Thanks everyone

Sheryl Turney: thank you!

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.

Task Force Work Planning

This topic was not discussed.

Resources

Pharmacy Interoperability and Emerging Therapeutics 2023 Webpage
Pharmacy Interoperability and Emerging Therapeutics 2023 – August 9, 2023 Meeting Webpage
HITAC Calendar Webpage

Adjournment

The meeting adjourned at 12:00 PM.